

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

**KROME TRANSITIONAL UNIT –
SCOPE OF CARE, REFERRALS AND ADMISSION**

**IHSC Directive: 07-09
ERO Directive Number: 11803.2
Federal Enterprise Architecture Number: 306-112-002
Effective: 13 Mar 2015**

**By Order of the Assistant Director
Jon R. Krohmer, MD/s/**

1. **PURPOSE:** The purpose of this issuance is to set forth the policies and procedures for the referral and admission of detainees to the Krome Transitional Unit (KTU).
2. **APPLICABILITY:** This directive applies to all U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) personnel, including but not limited to, Public Health Service (PHS) officers, civil service employees and contract support staff. It is applicable to IHSC personnel supporting health care operations in both ICE-owned and contractor-owned detention facilities and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ. Federal contractors are responsible for the management and discipline of its employees supporting IHSC.
3. **AUTHORITIES AND REFERENCES:**
 - 3-1. Title 8, Code of Federal Regulations, Section 235.3 ([8 CFR §235.3](#)), Inadmissible Aliens and Expedited Removal;
 - 3-2. Title 8, U.S. Code, Section 1222 ([8 U.S.C §1222](#)), Detention of Aliens for Physical and Mental Examination;
 - 3-3. Title 8, Code of Federal Regulations, Part 232 ([8 CFR 232](#)), Detention of Aliens for Physical and Mental Examination;
 - 3-4. Title 42, U.S. Code, Section 249 ([42 U.S.C §249\(a\)](#)), Medical Care and Treatment of Quarantined and Detained Persons;

- 3-5.** Title 42, U.S. Code, Section 252 (42 U.S.C §252), Medical Examination of Aliens.
- 4. POLICY:** IHSC and non-IHSC providers who care for ICE detainees may refer detainees with certain mental health needs for admission to KTU.
- 4-1. Description and Objectives of KTU.** The KTU is a 30-bed mental health unit, with double occupancy rooms, within the Krome Service Processing Center (SPC). The KTU provides psychiatric services, through a contract with Larkin Hospital, to detainees with sub-acute or chronic mental health conditions, who cannot be placed in the general population but do not require acute inpatient hospitalization. The KTU provides on-site services with the following objectives:
- a. Reducing the length of stay of inpatient hospitalizations;
 - b. Reducing repeated inpatient hospitalizations;
 - c. Preventing further risk of deterioration, monitoring and providing therapeutic support and intervention, and assisting with reintegration into the community (general population).
- 4-2. Scope of Care at KTU.**
- a. Admission Criteria. In order to receive consideration for admission to the KTU, a detainee:
 - (1) Must be currently in ICE Enforcement and Removal Operations' (ERO) custody.
 - (2) Must have a major psychiatric diagnosis as classified in the current Diagnostic and Statistical Manual (DSM) V and a current ICD 9 diagnosis, and/or is experiencing active psychiatric symptoms that are currently impairing his daily functioning. (See Medicare's Local Coverage Determination.)
 - (3) Must be at least 18 years of age.
 - (4) Must require transitional services at a level of intensity and frequency comparable to patients in an inpatient setting (acute/chronic setting) for similar psychiatric illnesses.
 - (5) Must be male. Transgender detainees may be housed in the KTU if they have male genitalia and self-identify as male.

- (6) Must require more comprehensive care than the care available to general population detainees, but less than the level of care provided by hospitalization.
- (7) Must have the capacity for active participation in all phases of the multidisciplinary and multimodal programs provided at the KTU. The patient is medically stable and not limited by other serious medical conditions. The patient should be able to benefit from the program's different modalities of treatment: individual therapy, behavior modification therapy, and group therapy (especially for those patients with higher level cognitive functioning).
- (8) Must have a reasonable expectation of improvement in the patient's disorder and level of functioning, as a result of active participation in the program.

b. Severity of Illness.

- (1) The patient must have a major psychiatric diagnosis as classified in the current DSM V and a current ICD 9 diagnosis, and/or is experiencing active psychiatric symptoms that are currently impairing his daily functioning. (See Medicare's Local Coverage Determination.)
- (2) The patient demonstrates a degree of impairment that, without care or treatment, the patient is likely to decompensate and pose a real threat of substantial harm to himself.
- (3) The patient demonstrates psychological impairment, but not so severe that the patient is incapable of participating in and benefitting from an active treatment program.
- (4) The patient must not be an immediate danger to self, others or property; and not exhibiting extremely violent behaviors.
- (5) The patient may have been discharged from an inpatient setting; however, monitoring and therapeutic support and intervention is deemed necessary to prevent further deterioration.
- (6) The patient may be discharged from the Transitional Program and may continue their psychiatric treatment in general population.
- (7) The KTU staff must have the ability to manage suicidal ideation by placing a patient on a 1:1 watch without having to discharge the patient from the program.

- c. **Intensity of Service and Elements of Treatment.** This includes:
 - (1) Medication education.
 - (2) Individual therapy as needed.
 - (3) Group psychotherapy and other services up to six days per week for KTU detainees, including up to four interventions daily, as warranted by the patient's clinical presentation.

4-3. Case Acceptance and Bed Space Requests.

- a. **Providers Who Can Refer.** Medical providers, behavioral health providers (BHPs), Field Medical Coordinators (FMCs), and Health Services Administrators (HSAs) at ICE SPCs, Contract Detention Facilities (CDF), and Intergovernmental Service Agreement (IGSA) facilities, throughout the U.S. and its territories, may refer detainees for consideration for admission to the KTU at Krome SPC by contacting the IHSC Behavioral Health Unit at IHSC HQ.
- b. **Submission of Referrals.**
 - (1) Admission to the KTU may be requested for any detainee currently in ERO custody. The standard format for requesting admission to the KTU should be in the form of an Executive Summary (ES) provided to the Assistant Field Office Director (AFOD), Krome SPC. The ES must address and/or include the following:
 - Facility detention records that outline any disciplinary or behavioral issues.
 - Case information concerning the immigration and criminal history of the detainee.
 - Current family contact information.
 - A medical and mental health summary detailing current, chronic and past conditions, and current treatments and other conditions, including any disabilities.
 - For final order cases, a Post Order Custody Review (POCR) dated no later than 30 days prior to the request for transfer.
 - (2) Additional information may be required before a case is accepted. Upon receipt of all required information and documentation, an

Administrative Review Panel (ARP) will adjudicate the case consisting of the following senior managers:

AFOD, Krome SPC

IHSC Unit Chief – Behavioral Services

Larkin Psychiatrist

Krome SPC Clinical Director

Deputy Chief Counsel, Krome SPC

- (3) The ARP will convene, at a minimum, on a weekly basis to consider new cases and review the status of those currently housed at the KTU, as well as to track the success of the program. The ARP may need to meet on an ad-hoc basis based on the clinical needs of patients or admission requests.
- (4) The ARP will consider each case by weighing admission criteria and treatment offerings against the ability to effectively and efficiently manage the individual's treatment needs and immigration case. If a case meets all essential criteria but cannot be accepted due to lack of available bed space at the KTU, the case will be placed on a waiting list and reviewed at subsequent weekly ARP meetings until space becomes available, or the need for a transfer ceases.
- (5) If the ARP deems a case unacceptable, or a consensus cannot be reached, the case will be forwarded to the Deputy Field Office Director (DFOD) and the IHSC Deputy Assistant Director (DAD) for Clinical Services/Medical Director for review and decision.
- (6) Final order cases transferred to the KTU will either be a full transfer to the Miami Field Office Area of Responsibility (AOR), or accepted as "room and board" only which, upon discharge from the KTU, will be returned to the originating AOR. The ARP will determine how a case will be categorized prior to acceptance.

4-4. Continued Stay Criteria.

- a. The patient's clinical condition improves, but not beyond the point where KTU therapies warrant being discontinued.
- b. The patient is actively participating in the program a minimum of one day per week. (See discharge criteria below.)

4-5. Discharge. The ARP will determine when a detainee may be discharged from the KTU. Reasons for discharge may include, but are not limited to:

- a. The patient's clinical condition declines and requires inpatient psychiatric care/hospitalization (24 hour supervision). Arrangements for hospitalization should not be delayed pending review and approval by the ARP.
- b. The patient's clinical condition improves or stabilizes, and he no longer benefits from or requires the level of treatment provided by the KTU.
- c. The patient is unwilling or unable to participate in the active treatment of his condition.
- d. A lower level of outpatient services can reasonably be expected to improve the patient's condition or prevent further deterioration.
- e. Housing no longer becomes necessary due to release from custody or removal from the U.S. as determined by the ARP.

4-6. KTU Staff. Due to the sensitive nature and particular requirements of working with patients housed in the KTU, careful consideration must be given to those staff members assigned to duties in the KTU.

- a. Contract security and ICE staff will be vetted by the ARP prior to being cleared to work in the KTU. It will be the responsibility of ERO, IHSC and the security contractor to have enough staff trained to work within the KTU despite scheduled breaks, shortages due to call-outs, leave, promotions, and other unforeseen events. Under no circumstances will non-cleared personnel be assigned duties within the KTU without the authorization of the AFOD for Krome SPC.
- b. Staff selected to work in the KTU will be required to attend training prior to being cleared and recurring training in order to continue assigned duties within the KTU.

5. PROCEDURES: None.

6. HISTORICAL NOTES: This directive replaces IHSC Directive 07-09 dated 1 Jun 2013.

DEFINITIONS:

7-1. Clinical Director (CD) – The Clinical Director serves as the IHSC medical authority at the facility level and is responsible for the overall provision of

health care for detainees. The CD may be remotely located in the event the local position is vacant or a contract physician is employed as the physician on-site. A CD and Clinical Medical Authority (CMA) are equivalent positions.

- 7-2. **CDF** – CDFs are contractor-owned, contractor-operated facilities that provide detention services under a competitively bid contract awarded to ICE.
- 7-3. **Field Office Director (FOD)** – Individual with chief responsibility for facilities in his or her assigned geographic area.
- 7-4. **Health Care Personnel or Providers** – Health care personnel or providers are credentialed individuals who deliver authorized health care in a systematic way to individuals or groups in need of health care services, including any employees assigned to provide professional or paraprofessional health care services as part of the Department of Homeland Security (DHS) duties. This also applies to detailees from other federal agencies and contractors whenever the purpose of the detail/contract includes performance of health care services.
- 7-5. **HSA** – The HSA is the designated IHSC administrator at a facility who provides administrative and supervisory oversight of day to day operational activities at IHSC staffed medical facilities.
- 7-6. **IGSA Facility** – A state or local government facility used by ICE ERO through an intergovernmental service agreement.
- 7-7. **Medical Providers** – Medical providers are those IHSC providers who can see patients for unhealthy physical examinations (PEs), sick call which falls outside of nursing guidelines, medical follow up, chronic care appointments, and anything outside the scope of the registered nurse's practice (physician, physician assistants, and nurse practitioners).
- 7-8. **Behavioral Health Providers** – Behavioral health providers are psychiatrists, clinical psychologists, independently licensed social workers, or any other mental health professional who, by virtue of their license, education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.
- 7-9. **SPC** – SPCs are government-owned, contractor-operated facilities. SPC contracts are competitively solicited and awarded.

8. APPLICABLE STANDARDS:

8-1. Performance-Based National Detention Standards (PBNDS):

- a. PBNDS 2011:
 - (1) 4.3 Medical Care; 3. Mental Health Evaluation, 3 & 4
 - (2) 7.4 Detainee Transfer
- b. IGSA's only: 2008 ICE detention standards
 - (1) 4.4 Medical Care
 - (2) 7.41 Transfer of Detainees
- c. IGSA's only: 2000 ICE detention standards:
 - (1) Medical Care
 - (2) Transfer of Detainees
- d. ERO *Detainee Transfer Directive*, dated 4 Jan 2012

8-2. American Correctional Association (ACA):

- a. 1-HC-1A-05: Referrals
- b. 4-ALDF-4C-05: Referrals
- c. 4-4348: Referrals

8-3. National Commission on Correctional Health Care (NCCHC), 2014:
J-D-05: Hospital and Specialty Care

- 9. PRIVACY AND RECORDKEEPING.** IHSC maintains detainee health records as provided in the Alien Health Records System of Records Notice, 80 Federal Register 239 (Jan. 5, 2015).

Protection of Medical Records and Sensitive Personally Identifiable Information (PII).

- 9-1.** Medical records, whether electronic or paper, may only be disclosed to or accessed by those officers and employees of the agency which maintain the record and have a need for the record in the performance of their duties. Paper records must be secured at all times within a locked cabinet or room when not under the direct control of an officer or employee of the agency with a need for the record in the performance of their duties.
- 9-2.** Staff are trained at orientation and annually on the protection of patient medical information and Sensitive PII.

- 9-3. Staff should reference the DHS *Handbook for Safeguarding Sensitive Personally Identifiable Information* (March 2012) at:

(b)(7)(E)

when additional information is needed concerning safeguarding Sensitive PII.

10. **NO PRIVATE RIGHT STATEMENT.** This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.